DOCUMENT RESUME

ED 343 291 EC 300 970

AUTHOR Davis, Lynne
TITLE Feminism, Disability & Education--For What?
PUB DATE 26 Oct 91
NOTE 27p.; Paper presented to the Women's Studies and Education Conference (North Ryde, Australia, October 26, 1991).
PUB TYPE Speeches/Conference Papers (150)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS Access to Education; Adults; Attitudes; Blindness; Case Studies; Educational Discrimination; *Employment Potential; *Equal Opportunities (Jobs); *Females; Foreign Countries; *Handicap Discrimination; Independent Living; Labor Market; Marriage; Personal Autonomy; *Sex Bias; Social Bias; Social Integration; Social Problems; Unemployment; *Visual Impairments; Womens Education
IDENTIFIERS *Australia

ABSTRACT

Written from the point of view of an Australian professional woman with a degenerative visual impairment, this paper, part of an ongoing investigation into disability, equity programs, and the labor market in Australia, discusses the social and employment problems facing women with disabilities and presents four case studies of Australian visually impaired women. The paper recounts several personal experiences demonstrating the tendency of society to infantalize or ignore the disabled adult's needs especially in the employment arena. North American and Australian literature is cited demonstrating differences in male and female experiences of disability including lower rates of female marriages, more females with disabilities living alone, highly sex stereotyped education, low numbers of females receiving rehabilitation services, low job status for females, and high female unemployment. The four case studies of women (aged 32 to 63) illustrate both diversity and similarity in women's experiences of disability as well as how the initial impairment is compounded by each disabled woman's need to seek out and negotiate access to support services and piece together a working system with little or no help from the bureaucracy. It is clear that disability is not a direct, unmediated product of physical impairment, but is in fact, a socially constructed condition. The failure of society to utilize the talents of disabled females in meaningful employment is seen as a loss for all. (15 references) (DB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

18/11/91 Newest version

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☑ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

ED343291

FEMINISM, DISABILITY & EDUCATION - FOR WHAT?

Paper presented to the Women's Studies and Education Conference,

Macquarie University

October 26, 1991

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
L. A. Davis
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

Lynne Davis

School of Behavioural Sciences

Macquarie University, NSW 2109

EC 300970

2 BEST COPY AVAILABLE

In two senses, this is the first paper that I have ever written as a blind person. Firstly, I have recently lost the ability to read normal print or to see fine detail, so preparing for, writing and delivering the paper have produced a series of physical and organisational challenges which at present I feel ill-equipped to deal with. Ultimately, though, the second meaning is more significant : this is the first paper in which I have revealed myself as a blind person (let us not quibble here about the meaning of "blind") - this is truly a "coming out" experience. The authorial role, after all, is one in which one is to a very large extent free to choose what to reveal of oneself and whether to disclose a stigmatized identity (this is less true, obviously, of a paper which is presented rather than published). Feminists are familiar with the phenomenon : think of all those women who have written under male pseudonyms, carefully neutered their prose, and stripped it of subjectivity. Feminism has had much to say about the political nature of the personal, seen a place for biography in scholarship, and asserted that our understanding of the world is strengthened by admitting "private" experience to the public arena. And in these ways feminism has much to offer anyone trying to understand disability and its significance in social life. The American sociologist, Irving Zola, who acknowledges feminism as having an important influence on his work, demonstrates what is to be gained from such an approach:

> *Because this talk is about the personal and the political, about style as well as about substance, and about the way we distance our bodies from ourselves, let me start by introducing myself. Included in the biographical sketch announcing my receipt of the Leo Reeder Award [for distinguished scholarship in medical*

sociology] ... is a long list of degrees, positions, honours, and publications. While this list may connote a scholarly legitimation for my words, it does not give credit to certain experiences equally essential to whatever I have contributed to the study of health and illness.

[There follows an account of his own history of illness, accident, and disability.]

... When, indeed, such information appears in someone else's description of my work (which in general is quite rare), the phraseology surrounding it is usually something like "despite such incidents, he has gone on to accomplish, etc., etc". I want at the very least to bring these personal bodily experiences closer to my center - not to claim that they constitute all of who I am, but that they are a central part of my identity; not that they explain all I have accomplished, but that they are essential to understanding what I have done.

(Zola, 1991 : 2)

Another lesson learned from feminism is the significance of invisibility and silence : where am I, and people like me? We are seldom to be seen or heard, even, I regret to say, by feminists themselves. This is not a novel observation and has been made by writers such as Meekosha (1987, 1989, 1990) & Hume (1990) in Australia, Fine and Asch (1988) in the United States, and Campling (1981) in Great Britain, but apparently as yet to little effect.

I offer as examples a series of personal experiences, to illustrate invisibility, the reasons why it matters, and the tiresome necessity of having to choose between personal assertion (often interpreted as didacticism) and remaining silent with one's needs unmet and existence denied. Meekosha (1990 : 39) notes that Government

officials when questioned about services for women with a disability, often slip into talking about mothers of children with a disability as if the needs of the two groups were synonymous.

This closely parallels my own experience of child care services, where Commonwealth government access policy defines "parents or children with a disability" as a priority access category. I have sometimes wondered whether I was the only person in Australia who actually knew about the parental part of this category : service providers seem to find the idea of a disabled working mother inconceivable. I recently examined a postgraduate thesis in which the author quoted the full definition of the access category, and proceeded for the remainder of the thesis to refer only to children with disabilities.

Why does this happen? Are disabled women so infantilised that they cannot be seen as doing adult things (such as parenting and engaging in paid work)? Is this yet another means by which disability is rendered invisible and relegated to the private sphere?

A similar question arises in relation to my workplace, a University which has a good record with regard to taking access and equity issues seriously. Over a number of years I have observed the University's apparent inability to recognize in any systematic or structural way that disability issues effect its employees as well as its students. Working parties and committees are referred to as being for disabled students, and discussion of disability issues becomes discussion of disabled student issues. When a major disability service agency sent a report on campus access for people with vision impairments, specifically on my behalf, to a senior member of the University administration, his reply was a two paragraph letter about the University's good record with disabled students. Again, the

implicit message I keep hearing is that there's no place in the grown-ups' world for people infantilised by disability. (I should stress here that, on a personal level, I have had better than average experiences of support in my employment - but that is not the point I am making here).

It was experiences such as these which led me into research on disability and workforce participation, and to formulate the mildly provocative title of this paper. What, I had begun to think, was the point in an educational institution priding itself on its access policies and practices for disabled students, if it produced graduates whom it couldn't envisage as employees? What was the labour market for people with disabilities? Are disabled students uniquely a group for whom the labour market is not even an envisaged future? And what is the point of thinking about the education of people with disabilities if we do not also think about the work which they do, the conditions under which they do it, and their general share of social resources of all kinds?

Men, Women and Disability

Very little attention has been paid in the huge literature on disability to the question of differences in men's and women's experiences, life circumstances, and access to resources. There is a small but growing body of North American material and a minuscule Australian literature (e.g., Meekosha, 1987, 1989, 1990; Hume, 1990; Alsop, 1988; Cooper, 1990; Palmer & Woodcroft-Lee, 1990). For the most part, until recently the male experience of disability has been the experience, and women with disabilities have been rendered invisible.

While in Australia women experience more physical and mental ill-health than men, and the incidence of disability is higher for women

(1,067,100) than for men (1,053,500) (ABS, 4120.0, Table 3), much of the difference is explicable in terms of women's relative longevity. Among the working aged population (15-64 years) there are greater numbers of disabled men (615,700) than women (531,600) (ibid).

Industrial accidents and diseases have traditionally taken a heavier toll on men than on women. It should be noted, however, that changing work practices and technologies have resulted in repetition strain injuries becoming the major cause of industrial disease among women. Women are more likely to suffer chronic disabilities than men, and to have a higher degree of work disability at an earlier age (Meekosha, 1987: 28). Fewer disabled women (44%) than disabled men (58%) are married (ABS 4120.0, Table 4). Gender relations within the family may bring about disabling conditions for women, limit the care they receive, and possibly also limit their treatment options once the condition has become established. 23% of non-institutionalised disabled women live on their own, compared with only 13% of disabled men. In a North American study of successful disabled scientists (Redden, cited in Fine and Asch, 1981: 240), many responded "my wife" when asked about coping strategies. This is a resource unavailable to women with disabilities, and the evidence suggests that husbands are both less numerous and less available for practical and moral support.

Access to disability-related financial support also varies between men and women. In Australia the invalid pension (with the exception of the invalid (blind) pension) is income-tested, which excludes many married women with disabilities from receiving it because of their spouse's income level. Married disabled men are less likely to be excluded on these grounds. A mobility allowance is available only to disabled people in paid work. The unpaid work of people with disabilities (including, of course, women in the home) is not considered sufficiently valuable to attract this support. Because

of the greater incidence of accidents as the cause of disability among the male population, disabled men are more likely than disabled women to receive workers' compensation and insurance payouts. The chronic disabilities more frequent among women attract no such financial support. It should also be noted that, when women are eligible for compensation for disabling injuries, gender plays a role in the way compensation claims are dealt with. Women's degree of physical attractiveness is translated into monetary terms, attractiveness being regarded as a commodity on the marriage market.

With regard to education, North American studies suggest that girls with congenital disabilities and girls disabled in early childhood are channeled into highly sex-stereotyped forms of education as well as receiving relatively little of it (Russo & Jansen, in Fine and Asch, 233-235). Russo and Jansen (ibid, 235) also suggest that, although unemployment is higher among disabled women with low levels of education, higher education is not as much of an advantage for disabled as for non-disabled women.

Meekosha (1987) claims that overseas evidence suggests that women who acquire disabilities after completing their education are expected to be satisfied with low status jobs regardless of their qualifications. In her own study of the Commonwealth Rehabilitation Service, she found women with HSC's and university degrees who were referred to sheltered workshops for employment.

The effect of gender role stereotyping overlain on disability by both employers and rehabilitation counsellors severely limits the vocational options open to women with disabilities: process and factory work, industrial sewing, cleaning, clerical and secretarial work seem to be the most common. These occupations are some of the least secure in the context of economic and industrial restructuring,

changing policies on tariff protection, and the introduction of new technologies. Also, as Meekosha (1987: 197) points out, there is something quite bizarre about rehabilitating disabled workers into jobs (such as industrial sewing) which are themselves major sources of industrial disability.

Australian women's experience of rehabilitation shows marked similarities to the extensively documented North American situation. Women here have been very under-represented among Commonwealth Rehabilitation Service clients. In 1983 only 25% of CRS clients were women (Meekosha, 1987: 11), although the Service has taken measures to rectify the situation and the corresponding figure in 1989 was 35% (Palmer and Woodcroft-Lee, 1990: 330). There seems to have been little consideration given to the special access needs of women in rehabilitation programmes, such as the provision or subsidisation of child care. In fact, Meekosha (1987: 125) found that some CRS staff were dissuading women with young children from attending programmes.

Rehabilitation outcomes for men and women have also differed markedly. Higher proportions of women than of men have been in sheltered employment, and it seems that women have not been seen to be in need of a regular income as "home duties", voluntary work or hobby training have frequently been encouraged rather than employment-related training (Meekosha, 1987: 193).

Given all of the above, it is hardly surprising to find that disability has a major impact on workforce participation and is especially severe on women. In the 1988 ABS survey of disability in Australia, while the workforce participation rate for non-disabled women in the 15-64 year age group was 61.9%, the corresponding rate for moderately disabled women was 55.3%, and for more severely disabled women 36.9%. By comparison, for men the corresponding rates were 88.9%, 87.4%, and 54.5% (ABS, 1420.0 : Table 26). On the basis of

my own research and general information about changes in the labour market since 1988, I feel certain that the workforce participation rates of people with disabilities are now even lower.

Even when disabled men and women are workforce participants, their chances of being unemployed are higher than those of non-disabled people, and disabled women's unemployment rates are highest of all. In 1988, the unemployment rate for non-disabled women was 9.9%, for moderately disabled women 15.4%, and for more severely disabled women 13.5%. The corresponding rates for men were 6.9%, 7.0%, and 11.4% (ABS 4120.0, Table 26).

Although I am not aware of any relevant Australian statistics, our research suggests that underemployment is a reality for many disabled men and women. Canadian figures show 89% of disabled women and 70% of disabled men working part-time, compared with 67% of non-disabled women and 26% of non-disabled men (Weiss, 1985: 4).

Summary

It is very clear that in Australia disability is an impoverishing condition, principally because of the effect on employment combined with very restricted income support provisions and exacerbated by the additional costs of being disabled. And it seems equally clear that for women the impoverishment of disability is compounded by the fact of their sex. Disabled women are more likely to be unmarried and to live alone, less likely to be in receipt of income support payments, less likely to receive financial compensation for disabilities, less likely to receive either the education or rehabilitation which would give them access to the workforce, less likely to be in the workforce, and less likely to have a job if they are in it.

Since the beginning of 1991, with the assistance of Jan O'Leary, I have been undertaking some research on disability, equity programmes, and the labour market in Australia. The stimulus for the research, apart from the factors already outlined, was a recent conjunction of arguments concerning citizen rights for people with disabilities with a general emphasis on reduction of public sector expenditure (particularly focused on the social security system) which has brought about a new policy emphasis on workforce participation for people with disabilities. This emphasis is most clearly articulated in the Social Security Review and in the changes to the system of invalid pensions and sickness benefits announced in the 1990 Federal budget and due to come into effect in November this year. Ideally, the labour market participation of people with a disability should be reinforced by equal opportunity and anti-discrimination measures which have been progressively implemented since the late 1970's. However, in a general context of high unemployment and reductions in public sector expenditure the implications for people with disabilities are unclear, and the research project was designed to examine the workforce experiences of a group of disabled people with a view to identifying significant issues in public policy relating to equity and labour market participation.

To date, we have conducted interviews with 40 vision impaired people of working age (16-65 years) from every State and the ACT. We have interviewed men and women in approximately equal numbers, and although gender is not the specific focus of the study, we have included a number of questions specifically relating to gender and anticipate that it will form a major analytical category in our interpretation of the material.

We have not yet completed the interviewing stage of the project, and have not analyzed the material in a form suitable for presentation, so I have chosen instead to present a small part of what we have collected in the form of four case studies. I have chosen to talk here about women and disability, but I think that ultimately the most interesting insights into the gendered construction of disability will come from the interviews with both men and women.

I don't wish to make any claim that these four case studies are "typical" in any sense. I have chosen them precisely because they represent diversity, as well as similarity, in women's experiences of disability, and also because I believe they illustrate what I would identify as a number of problematic areas of social policy and service delivery.

ALICIA

Alicia is a 63 year-old unmarried woman, born in North Africa of European parents. She arrived in Australia with her family in 1962, at the age of 34. She now lives with her sister and brother-on-law in a small apartment in a major Australian city. She is night-blind, has very little peripheral vision and poor central vision. Her sight has deteriorated slowly over a long period.

When Alicia was 9 or 10 years old, her mother realised that she was unable to see in the dark. Not long after, she began to experience difficulties with school work:

> *I was a clever girl, but the teacher realised something had happened to me*
>
> [Interview transcript]

Alicia left school at the age of 16 without completing her school leaving exams because her doctor suggested that she should not force herself to study. She has done no further study since.

After leaving school, Alicia went to work for 5 years as a seamstress in a Catholic hospital. Her sister was a nurse in the same hospital, and the job was chosen because she could travel to and from work with her sister (although she moved around the hospital on her own). While she was working in the hospital, the nuns sent her to see an eye specialist who diagnosed her as having retinitis pigmentosa (RP), a chronic degenerative condition of the retina. The doctor discussed the diagnosis with her older brother, but did not give Alicia herself any information about it. She acquired this information 40 years later in Australia, through a small self-help organisation which she discovered by reading their newsletter during a stint in hospital.

In 1952 the family moved from North Africa to Europe, where they lived for 10 years before emigrating to Australia. In Europe Alicia was unable to get a job near her sister, so she stayed at home:

> *My family didn't want me to go about, they preferred to keep me home .... I went through my life helping everybody at home*
>
> [Interview transcript]

When the family came to Australia in 1962 Alicia looked for work but was unable to find any. She received unemployment benefits, but these were terminated after 9 months and she did not know of the existence of the invalid (blind) pension. Her sister, who had found work in a whitegoods factory, persuaded the manager to employ Alicia, subject to trial, on the grounds that she required her sister's assistance to travel to and from work. She worked at this factory for 5 years until 1968, and if her sister missed work for any reason, Alicia also stayed at home. In 1968 she learned of the existence of

the blind pension from her doctor, who suggested that she apply for it and give up work (this is not a necessary condition for receipt of the blind pension, which is tax-free and is not income-tested). After that, Alicia stayed at home and nursed her parents until they died, since which time she has lived with her sister:

The morning before my mother died she called my sister and told her never to leave me alone ...

[Interview transcript]

Alicia has not been in the workforce since 1968, when she was 40 years old, and she does not see herself as ever having paid work again. She had no superannuation entitlements and her sole source of income for more than 20 years has been the blind pension.

Alicia has never made use of any of the services for visually impaired people provided by agencies such as the Royal Blind Society, Commonwealth Rehabilitation Service, and the Guide Dogs Association, not perceiving herself as having a need for them:

Because I had everybody at home attending me in every way

[Interview transcript]

Alicia describes her family as having taken beautiful care of her. She also says that the major effect of her visual impairment has been the loss of independence which she felt when she was younger:

... but then I accepted my situation and that made me feel serene

[Interview transcript]

BARBARA

Barbara is a 32 year-old woman who lives with her husband and infant child in a major Australian city. She has no peripheral vision,

is night blind, cannot read print or see detail, and has a guide dog for mobility.

Barbara's visual impairment (RP) was diagnosed when she was 6 months old but the doctor in question withheld the information because he thought it would be upsetting to her mother, who has the same condition. Barbara's parents became aware of the diagnosis when informed by another doctor several years later.

Barbara was night blind but otherwise had fairly good sight until around the age of 13, when her vision deteriorated almost to its present level over a period of 2 years.

At the time that this deterioration began, she was attending a Catholic boarding school. The nuns did not allow her to do any exams that year because of the strain on her eyes, and she had to repeat the year. The following year she attended a special unit for partially sighted students attached to a government high school. Her vision continued to deteriorate rapidly and although she was doing well with her work, it was suggested that she should repeat the year because of her sight loss. Her parents intervened at this stage, and for the next three years she attended a special school for blind and deaf students. She describes this school as having a very poor standard relative to mainstream schools, with few resources, restricted curricula, and outdated textbooks. Following Year 10, she transferred to a government girls' high school for the final two years of schooling because these were not offered at the special school.

Barbara experienced great difficulty obtaining the taped texts she needed to prepare for the HSC (she received her biology text halfway through Year 12). Her original vocational choice had been teaching, but she had been told that while she could train as a teacher she would not be employed, so she had decided instead to

become a physiotherapist. However, her HSC marks were too poor to gain her entrance to physiotherapy, a fact which she attributes to having very few resources available to her. So following her HSC Barbara did a TAFE secretarial course, followed by a special short course in shorthand braille and some office training for disabled workers.

She then obtained a job as a telephonist with a major finance institution, a position which was reserved under a special scheme for persons with a disabilities. Barbara spent 9 years in this job, after which she took 12 months' maternity leave. While she was on leave the position was abolished, and when she returned to work she was informed that the institution was unable to find suitable work for her. She is being retrenched, but her union and her employers have yet to reach an agreement over the terms of the retrenchment and for nearly a year she has been out of work but on full pay.

Barbara says of her employers:

They've taught me to stand up for myself, because if I didn't I'd be pushed in a corner and left there

[Interview transcript]

She describes their attitude as:

You're lucky to have a job with us. A disabled person should stay where they are and be grateful they've got a job

[Interview transcript]

For most of the 9 years Barbara worked for the financial institution she felt frustrated, under utilised, and increasingly alienated. She describes her job as having been made up of answering telephone calls, stuffing envelopes, knitting and reading. Repeated requests to be transferred to "a decent job" were denied:

They'd ask everybody else what I could do but they wouldn't ask me .... They were wasting my talents

[Interview transcript]

At one stage her employer purchased an expensive talking typewriter for her use, but she was never given any work to do with it. She enrolled in a computing skills course for visually impaired people, hoping that this would improve her chances of obtaining a transfer. She sought the assistance of the organisation's EEO officer and of her union, but their efforts were no more successful than her own.

On the other hand, the organisation was willing to give her special paid leave to compete in national and international sporting events, and to pay her travel expenses when she competed at Olympic level.

Barbara doesn't anticipate a return to her former employment. She's planning to enrol in a TAFE child care course next year. She wants to get a job in the child care area, and she says the main obstacle will be other people accepting that she can do it. She doesn't rate her chances very highly:

In the present climate, it's extremely difficult for anybody to get a job, let alone a disabled person

[Interview transcript]

COLLEEN

Colleen is a 44 year-old woman who lives with her second husband and one child in a major Australian city. She has a severe vision impairment (light perception and some shape perception), and uses a guide dog for mobility. Colleen's vision impairment was diagnosed at the age of 7, and she had poor but partial sight until in her late 20's.

Colleen attended a mainstream government school until late primary, at which stage she was sent to a school for blind students. She left school at the earliest possible age (14), and worked as a process worker and housemaid until she married at the age of 19.

Colleen had 3 children in her early 20's. Around the time her children reached school age, she approached the major service agency for vision impaired people in her home town, seeking to learn braille, to make social contacts, and possibly to further her education. The agency's response was to offer her weekly craft sessions. She then sought the assistance of the same agency in a major metropolitan area, was told she would have to wait for an interview, and was not contacted again.

Around this time Colleen's husband died, and she was left to support the children with the blind pension as her sole source of income. She recontacted the service agency in search of vocational advice, and it was suggested to her that she undertake a TAFE welfare certificate course. She was accepted as the first blind student to do the course in her town, and became one of only 6 graduates from an intake of 40. She learned to type in order to write assignments, organised her own system of volunteer readers and writers and relied heavily on memory in the absence of other teaching resources. Course materials had to be sent to a major metropolitan area to be taped, and were often too late to be useful. The Commonwealth Rehabilitation Service gave some assistance in paying for audiotapes and taxi fares, but no technical aids were either provided or suggested. In the process of researching an assignment in her final year, she discovered that she would have been entitled to this kind of assistance, but by then she judged it too late to apply.

After completing her course, Colleen applied for jobs in the welfare area, where she says:

I got little pats on the head and "Aren't you clever? But ..."

[Interview transcript]

She prepared a resumé of her qualifications and experience, mentioning the fact that she was blind, which she sent to potential employers, but she received very few responses.

She applied for an advertised job as a welfare officer with the service agency which had originally suggested that she enrol in the course, but they informed her that they wanted someone who could drive a car. After she complained to the anti-discrimination board, she got an interview, but not the job.

After these experiences, she became a "discouraged job seeker", stopped applying for jobs and did a series of unpaid jobs in a women's refuge, a special school, and a drug and alcohol rehabilitation centre.

Colleen sees her lack of education as the major consequence of her vision impairment: a lack of resources combined with her family's belief that education was an inappropriate goal for her.

When Colleen enrolled in the Welfare Certificate course, she also discovered the availability of sporting activities for the blind, and since then has competed in many national and international sporting events, including the Disabled Olympics. Although sport has played a large part in her life over the past 10 years, she says that she has too much time and not enough interests, and she would prefer to be in the paid workforce:

At least I'd have something more to do with my life than get bored cleaning the house. Something to get the grey matter working again, I suppose

[Interview transcript]

But Colleen can't see herself seeking paid work again in the future:

> *Because I know the situation, being as it is today. It's hard enough for people with damn good eyesight to get jobs, least of all someone like myself*
>
> [Interview transcript]

DAPHNE

Daphne is a 43 year-old woman, who lives by herself in a small Australian city. She is night blind, has very limited peripheral vision, and poor distance vision, but is able to read print, although with increasing difficulty. She is currently undergoing mobility training in preparation for getting a guide dog. Daphne's vision impairment was diagnosed at the age of 20, but because of a strong family history of the condition she says that she suspected the diagnosis from the age of about 16.

Daphne attended mainstream schools, leaving at age 15 after completing her Intermediate Certificate.

At the time of her diagnosis, Daphne was recently married and working as a typist. She says that in her view the diagnosing doctor didn't consider vocational advice because she was a married woman. After the breakup of her first marriage, Daphne decided that she needed a career rather than a job, and went to work as a personal assistant in a financial institution. Over the next few years she worked her way into a position as a dealer on the international money markets, doing her HSC at night school at the same time. At the age of 31 she became a full-time student, having decided that a career in clinical psychology would be compatible with declining eyesight. Since then, she has completed a bachelor's degree and a master's degree, and

for 4 years has been employed as a clinical psychologist in a public hospital. Her position is permanent with superannuation. A year ago she had the opportunity to apply for promotion to a senior position but decided instead to stay in her present position and reduce her appointment to part-time (3/5ths) because of fatigue caused by another, unrelated, disability (although she now often works 10 hour days because of reductions in hospital staffing). Her income consists of a salary (part-time pro rata) plus the blind pension. She travels to and from work by taxi because travel by public transport takes too long, is stressful and fatiguing. The cost of taxi travel is reduced somewhat by a taxi transport subsidy scheme. Since last year, when an attempt was made to abolish the scheme, taxi subsidies have to be granted on an individual basis, an arrangement which Daphne says favours articulate and assertive people like herself.

Since shortly after her vision impairment was diagnosed, Daphne has anticipated the future deterioration of her sight, planned her future employment, and actively shaped her experience of disability. She has sought vocational advice on a number of occasions, although she says that the advice never improved upon her own thoughts. While a student she sought some minimal assistance with mobility training and reading aids, and introduced herself to relevant service providers in case she should need their assistance in the future.

Recently, after experiencing a number of accidents at work, she initiated the process of mobility training, having first decided that a guide dog was preferable to a cane because of the particular nature of her work (this elicited a memo from the medical director of the hospital to all staff members, asking for a "tactful silence" on the subject).

Daphne has made a number of modifications to her job as her sight has deteriorated, mainly consisting of reallocation of tasks as some

aspects became too difficult or too dangerous (e.g., psychological testing, work on the violent psychiatric wards). Nonetheless, a combination of personnel changes leading to a more hostile working environment, plus a cut in hospital funding, has caused her to be increasingly apprehensive about whether the job can be designed to take account of her increasing impairment.

She has doubts about the real efficacy of equal opportunity and anti-discrimination measures, and says that as a student she was always conscious of needing to do particularly well because in the job market she would need to be better than other people to get the same chances.

Daphne wants to establish her own practice as a clinical psychologist, in order to have more control over her labour process and her work environment. However, because of her long period of full-time study, her recent reduction in earnings, and her uncertain health prospects, she lacks both the requisite capital and the borrowing capacity to fund this move.

* * * * *

It is clear that disability is not a direct, unmediated product of physical impairment. It is, in fact, in a very real sense socially constructed, as I think these four case studies illustrate. Alicia, for example, is in many ways more disabled than the other three women, although her level of physical impairment is, if anything, less profound. In order to make sense of this it is necessary to look at specific cultural constructs of femininity, disability, and family relations/obligations. Alicia is one of the very few participants in our research project from non Anglo-Celtic backgrounds, a deficiency of which we have been acutely aware. There is a real need for research which focuses on cultural differences in the experience of disability.

To return to the perhaps rather negative-sounding title of this paper, I would like to ask 2 questions: education for what? and, what education?

What Education?

The most highly educated of the four women, Daphne, is also the only one who did not experience disability during her years at school. This doesn't in any direct sense explain her higher level of education, since she left school at an early age, although I think perhaps one should consider the effects of mainstream schooling in terms of self-concept, self-esteem, perceived abilities, etc.

In Daphne's case, the knowledge of <u>future</u> disability precipitated her into attaining a higher level of education than would have been the case in other circumstances. In Daphne's case, it was the anticipation of disability, rather than disability itself, which significantly influenced her education - in a positive manner.

The stories of Barbara and Colleen suggest that those who become disabled at an earlier stage of their lives encounter far greater obstacles in the path of their education. The provision of educational support services for vision impaired students is grossly inadequate. Both these women, it could be said, succeeded to the extent that they did in spite of, rather than because of, supposedly enabling systems for disabled students, and in Colleen's case because of her ability to create a support system for herself. An additional concern is that access to whatever support systems do exist seems to be severely limited because they are not widely publicised. Access to information seems to occur as a result of either serendipity or individual persistence (which in itself often invokes bureaucratic ire). Where

support services were known about and used, they were sometimes so inefficient as to provide no assistance at all.

Overall, the picture which emerges is one of initial impairment being compounded by the additional necessity of seeking out and negotiating access to (frequently inadequate) support services and piecing together working systems, often at considerable financial cost. The result is truly socially constructed disability.

Education for What?

Although vocational goals are clearly not the sole criterion by which education systems should be judged, employment remains in our society the major means of access to income security, with consequences for quality of life and a degree of control over life circumstances. It is also often an arena of sociality and competence. Exclusion from the labour market, or marginality within it, have serious consequences for individual well-being. None of this is news to feminists, for whom these issues, as they affect women, have always been of prime significance. But it does need to be said that whatever progress may have been made on these fronts for women in general, very little has been achieved for women with disabilities.

Between them, the 4 women in these case studies have 3/5ths of a job. With the exception of Alicia, these are not women who have "chosen" (whatever meaning can be attributed to that term) to leave or not to enter the workforce, although they have energetically and imaginatively constructed their lives outside of it. Two especially disheartening instances referred to in the case studies are the finance institution's job scheme for disabled workers, which could at best be described as wasteful and unimaginative, and the service

agency which appeared to be unwilling to employ disabled workers who acted on its vocational advice.

The Australian Bureau of Statistics euphemism, "discouraged job seeker", conceals oceans of frustration and a multitude of inadequacies at the level of social policy and service delivery.

The women in this study have a very pessimistic view of the state of the Australian labour market, and of their place in it. So far, at least, the Commonwealth's "active employment strategy" has not delivered any benefits to them, and the bureaucrats hard at work restructuring disability benefits around the concept of "productivity" would be well advised to take cognizance of stories such as those told in these 4 case studies. It should be noted, too, that equal opportunity and anti-discrimination measures don't seem to have been able to deliver the goods, either.

Cuts in public sector expenditure have fallen with particular weight on disabled workers. Public sector employment, which has provided some of the least hostile work environments, has been severely reduced, and affirmative action programmes of whatever kind seem increasingly to be regarded as an unaffordable luxury. In addition, as in Daphne's case, reduced and devolved budgets, with no special funding provision for the employment of people with disabilities, create a situation where the purchase of special aids, equipment and assistance is reduced to the status of a line item in a budget in lonely and low-status competition with all other items. In these circumstances, how "productive" can disabled workers be? - if, that is, they have the singular good fortune to be employed at all.

The bottom line - as always - is the question of who pays. The stories told here suggest that the highest price is paid by disabled women themselves - in lives which are far more circumscribed than they need be, reduced income, social isolation, frustrated efforts and

wasted opportunities, and the requirement that they create for themselves systems to do what other people take for granted.

But we all pay, as a society, and the price is an extraordinary waste of human skills, experience, energy, and training. What we have at present is a social system which is neither productive nor just.

I would like to acknowledge the contributions made to this paper by Jan O'leary, both in reviewing the literature on women and disability and in conducting many of the interviews for the research project.

REFERENCES

Alsop, L. (1988) Mothers with Disabilities. Their Needs. Australian Quadriplegic Association.

Australian Bureau of Statistics (1990) Disability and Handicap. Australia, 1988. 4120.0

Campling, J. (Ed.) (1981) Images of Ourselves. Women with disabilities talking. Routledge & Kegan Paul.

Cooper, M. (1990) "Women and Disability", Disabled People's International, Canberra.

Fine, M. & Asch, A. (1981) "Disabled women: Sexism without the pedestal", Journal of Sociology and Social Welfare, 8,2.

Fine, M. & Asch, A. (Eds.) (1988) Women with Disabilities: Essays in Psychology, Culture & Politics. Temple University Press.

Hume, J. (1990) "Women with disabilities: How far have we come?" Australian Disability Review, 2.

Meekosha, H. (1987) Breaking In and Breaking Out. A study of women, disability and rehabilitation in Australia. Disability Programs Division, Department of Community Services. (Unpublished).

Meekosha, H. (1989). "Research and the State: Dilemmas of feminist practice", Australian Journal of Social Issues, 24, 4.

Meekosha, H. (1990). "Is feminism able-bodied?" Refractory Girl, 36.

Palmer, D. & Woodcroft-Lee, C.P. (1990). "Women of the shadow universe", National Women's Conference Proceedings.

Russo, N.F. & Jansen, M.A. (1988) "Disabled women and public policies for income support", in Fine and Asch (eds.), Women with Disabilities.

Weiss, J. (1985) "Disabled women", Resources for Feminist Research, 14,1.

Women With Disabilities Feminist Collective (n.d.) Women and Disability. An Issue. Melbourne.

Zola, I.K. (1991) "Bringing our bodies and ourselves back in: Reflections on a past, present and future 'medical sociology'", Journal of Health and Social Behaviour, 32.

Conpaper
ws4\davis\rp